



Nursing Commission  
P.O.Box 1099  
Olympia, WA 98504-7864

## CERTIFICATION OF NURSING EDUCATION From School of Nursing Outside of U.S.A.

**Applicant:** Complete this section and mail to the school of nursing from which you graduated.

Present Name \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

I graduated on \_\_\_\_\_ from the school of nursing under the name of \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
MONTH DAY YEAR FOR IDENTIFICATION PURPOSES

I hereby request that this certification be completed, a transcript included and mailed to:

Department of Health  
Washington Nursing Commission  
PO Box 1099  
Olympia, WA 98507-1099

Signature of Applicant \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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### APPLICANT, PLEASE DO NOT WRITE BELOW THIS LINE

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To be completed by the chief administrative officer of the school of nursing from which the above named applicant graduated. Please return this form directly to the Washington Nursing Commission

Recorded Name of Graduate \_\_\_\_\_

Name of School of Nursing \_\_\_\_\_

Location \_\_\_\_\_

School Approved By \_\_\_\_\_

Date Student Entered \_\_\_\_\_ Date Course Completed \_\_\_\_\_

Length of Course \_\_\_\_\_ Diploma/Degree Received \_\_\_\_\_

Please attach an official **transcript** (record of all subjects taken, including hours of class and weeks of clinical experience) for this applicant. This document must carry the school seal or stamp and signature of the chief administrative officer.

SCHOOL STAMP OR SEAL

Signature of Chief Administrative Officer \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_